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THE RAPID CURE OF GONORRHŒA*

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It would be worse than discourteous if I omitted to express my high appreciation of the honor conferred on me by your invitation to present a paper to this learned body. The pleasure of preparing it, under these circumstances, lends additional incentive to making my modest work as practical and as useful to physicians as lies in my power.

In selecting "The Rapid Cure of Gonorrhœa" as my title, I do it to further a cause, to urge a principle, which, however acceptable to patients, has not yet found merited advocacy among practitioners. Many men, thoroughly informed on the pathology of the disease, still hesitate, despite the efforts made by abler workers than I, to accept the facts as experience has proven them.

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The erstwhile inconvenience of daily or even twice daily irrigations in the physician's office, has been entirely set aside by the apparatus now used for the purpose.* Then, too, practitioners must contend with the rather firmly-rooted superstition, that the abortion of gonorrhœa is productive of stricture and other consequences. This may apply when attempts are made with escharotics, as silver nitrate ; but their futility causes them soon to be discarded, to be evoked again, when desperation at ill-success drives physicians and patients to any method which may be advanced.

Large irrigations with permanganate of potash, varied to meet the varying bacteriological indications, offer none of the discomforts, none of the sequelæ, which attend either too active treatment and neglect of treatment, when they would prove most valuable. Excessively violent treatment has, happily, few advocates, while unfortunate conservatism causes numerous practitioners to mismanage acute clap and the exacerbations of sub-acute and chronic clap, as if each were a *nole mi tangere*.

This is well portrayed by Guiteras, † who ably shows that while giving demulcents, antacids, diluents, etc., physicians, even eminent specialists, practically "wait for the acute symptoms to pass off."

It is this waiting against which modern experience enters a decided, emphatic protest. It is waiting that has caused authors to write down six weeks as the duration of an uncomplicated clap ; but worse than this, it allows infinite multiplication of gonococci. They ascend the urethra, invade the posterior part, the bladder, the epididymes, Cowper's glands, the bladder, the ureters, the kidneys. In their unchecked proliferation they enter the urethral crypts, glands and follicles, and the tissues of the urethra itself.

* "The Technique of Urethral and Intravesical Irrigations," Clinical Recorder, February, 1896.

† "Gonorrhœa in Man," American Medico-Surgical Bulletin, September 1, 1896.

It is this waiting that causes the majority of chronic urethrites, of strictures and other local disturbances, all equally fraught with danger to the patient's physical and mental welfare.

Drugs given *per os* cannot stay their progress; injections *per manum* can wash but few away ; neither can so change the urethral mucous membrane as to make it an unfavorable culture-medium for gonococci. Indeed, this is all that can be accomplished in our present knowledge. Anything we would use to destroy the gonococci, would destroy the continuity of tissues and open wide the portals for general infection.

But we have a means, without injury, of rendering the urinary mucous lining a poor culture-medium for gonococci. This is in very copious irrigations, by carefully graded hydrostatic pressure. To what extent the drugs employed therewith exercise an effect, cannot be said. At all events hot water only, has by no means yielded the results obtained from the addition of potassic permanganate in acute cases, as has the same drug alone or with corrosive sublimate in chronic cases.

Some authors hold that much of the effect of permanganate irrigations is due to local oxidation ; others attribute it largely to direct chemical changes in the tissues affected, while Goldberg believes that potassic permanganate, when so employed, exerts direct gonococcicidal action.

There remains the mechanical view—that the large, heavy pressure of water alone suffices to produce the artificial œdema in which gonococci cannot multiply.

Whichever of these theories be correct is not of great moment, until we can have that satisfactory explanation in all matters, which is demanded by Science.

But dealing with facts, as shown in other papers, we find the hydrostatic irrigation treatment of uncomplicated, acute, sub-acute and chronic clap, to have none of those painful and dangerous complications and sequelæ which supervene under other treatments.

The rapid treatment of gonorrhoæ, moreover, by quickly converting the urethral mucous membrane into a poor culture-medium for gonococci, offers a barrier to general invasion. So we must judge, at least, from the thousands of cases treated, without one having gonorrhœal rheumatism, gonorrhœal endocarditis, or invasion of the brain by gonococci.

The local consequences of gonorrhœa, too, are thereby avoided. Thus, cases treated by hydrostatic irrigations are not followed by strictures, denuded patches, or any of the other results which wreck the patients' lives. Neither have we any of those terrible risks to innocent women and children, discussed elsewhere.* †

The foregoing roughly drawn lines suffice, I think, to show that in gonorrhœa, *tuto cito et jucunde curare* applies no less than in other diseases.

The method of accomplishing this ever desirable end has been fully detailed in the papers cited ; how the above behests are obeyed may merit a few words :

Tuto curare is complied with beyond question. The proof thereof lies in the following tests : A week after all manifestations of the disease have ceased, the patient is ordered to drink, on retiring, twice the quantity of beer that was his habit. If, within the following thirty-six hours no discharge appears, he is allowed to rest from treatment for a week ; then a two to five per cent. solution of silver nitrate is injected. If the resulting discharge contains no gonococci, he is again dismissed for a week or ten days. Then a careful urethroscopic examination is made. If this shows only normal mucous membrane, the case may safely be considered cured. Still it may be well to ask the patient to let his next sexual intercourse be with a condom and to bring the contents for examination. If the secretion contains no gonococci, we are certainly justified in deeming that *tuto curare* has been obeyed.

* "When May Gonorrhœal Patients Marry?" American Medico-Surgical Bulletin, Oct. 1, 1895.

† "The Protection of the Innocent from Gonorrhœa," Medical Fortnightly, Oct. 15, 1896.

As to *cito curare:* Goldberg* collated the experience of all authors on the subject, whether they wrote favorably or otherwise. He finds that they obtained sixty per cent. of recoveries within ten days, thirty per cent. in two to three weeks; five per cent. disobeyed instructions regarding the altars of Venus and Bacchus, and five per cent. proved failures. These failures are not explained; they doubtless are due to faulty technique. My results since using these irrigations (December, 1894) show below two per cent. of failures. In each of these cases a good explanation can be offered, (*a*) in interruption of treatment, (*b*) in masturbation, (*c*) in coitus, (*d*) alcohol; but even if five per cent. were not cured within three weeks (the longest term of all authors), the showing would be better than under any other form of treatment. Thus the requirements of *cito curare* are met.

Jucunde curare is strictly obeyed in the fact that in ninety-nine per cent. of the cases, *all pain and discomfort cease after the first irrigation.*

Most of these facts have been published before. My inability, however, to write as clearly as I should like, and the time-limitation which, necessarily, is placed upon papers read before learned bodies like this, cause me to receive, perhaps, a larger number of letters of inquiry than the usual specialist's share.

The subject-matter may be made clearer, by here answering the most frequent of these questions:

1. *Time for first irrigation:* When the microscope shows gonococci, irrigations should be begun at once. The strength of these irrigations, and whether they should be made only urethral or intravesical, must be governed by the conditions found.

2. *Strength, frequency, and place of irrigation:* In general, I am in the habit of advising the formulæ proposed by Janet. Their repetition here is with the warning that they must suffer modification according to circumstances.

* Centralblatt für die Krankheiten der Harn-und Sexual-Organe, Band VII, Hefte 3 und 4.

*Acute Gonorrhœa :**

First day, first visit, anterior irrigation 1-1000. 9 P. M., anterior irrigation 1-4000.

Second day, 8 A. M., anterior irrigation 1-3000. 7 P. M., anterior irrigation 1-4000.

Third day, 8 A. M , intravesical irrigation 1-2000. 7 P. M., intravesical irrigation 1-4000.

Fourth day, afternoon, intravesical irrigation 1-2000.

Fifth day, 8 A. M., intravesical irrigation 1-2000. 7 P. M., intravesical irrigation 1-2000.

Sixth day, afternoon, intravesical irrigation 1-2000.

Seventh day, " " " 1-2000.

Eighth day, " " " 1-1000.

Ninth day, " " " 1-1000.

Tenth day, " anterior irrigation 1-500. Intravesical irrigation 1-1000.

Chronic Gonorrhœa :

First day, morning, anterior irrigation 1-4000. Evening, anterior irrigation 1-4000.

Second day, morning, intravesical irrigation 1-3000. Evening, anterior irrigation 1-4000.

Third day, afternoon, anterior irrigation 1-2000.

Fourth day, morning, intravesical irrigation 1-2000. Evening, anterior irrigation 1-4000.

Fifth day, afternoon, anterior irrigation 1-1000. Intravesical irrigation 1-2000.

Sixth day, afternoon, anterior irrigation 1-1000.

Seventh day, afternoon, anterior irrigation 1-1000.

Eighth day, afternoon, anterior irrigation 1-1000. Intravesical irrigation 1-1000.

3. *Concomitants of Gonorrhœa:* It is self-evident that any condition, such as stricture,† papillary hypertrophy, epithelial denudations, etc., existing from previous gonorrhœa, must be cured before a recovery from acute or chronic urethritis can be expected.

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* These Tables Refer to Solutions of Potassium Permanganate in Water at 110° F.

† "The Non-Operative Treatment of Stricture," Clinical Recorder, July, 1896.

4. *Abatement of pain:* Pain on urinating is entirely arrested by the first irrigation, or so modified as to make it quite tolerable.

5. *Arrest of flow:* The discharge is at once stopped, or so diminished that bandages or other protections for the garments become unnecessary.

6. *Drugs internally:* No hand injections or drugs by the mouth are given. The only exception hereto is a constipated patient, for whom cascara sagrada is prescribed.

6. *No catheter* is used for urethral or intravesical irrigations, as it is sure to cover some part of the genito-urinary tract which may contain many foci of infection.

8. *Protecting meatus:* It is well to keep the meatus covered with absorbent cotton soaked in corrosive sublimate solution 1-6000.

9. *The complications and sequelæ* of previous gonorrhœas do not contra-indicate irrigations.*

10. *The complete apparatus* employed for urethral and intravesical irrigations is made and sold for $5.00 by F. Alfred Reichardt & Co., 27 Barclay Street, New York.

11. *The failures to irrigate successfully* are due either to non-observance of the technique, or to the employment of defective rubber tubes. Those made for the apparatus are especially finished within to offer no impediment to the flow.

12. *Interval between irrigations:* When two irrigations are made daily, twelve hours should intervene, as shown by the tables cited above.

The treatment herein advocated is not proposed on theoretical grounds. I took it up after Felike, of Buda Pesth, Janet, of Paris, Frank, of Berlin, Brewer and Swinburne, of New York, had proved its efficacy and safety. The success obtained encouraged me to proceed. Not a small dispensary and private practice confirmed the experience of others. Those whom I taught, and

* "Posterior Urethritis," Clinical Recorder, April, 1896.

those who learned it from what is published on the subject, write me enthusiastic reports, which I hope to publish, when the opportunity presents. If any credit at all is due me in this connection, it may be for the combination of Oberlaender's, Kollmann's and Wossidlo's methods with that of Janet, especially in chronic genorrhœa.

At all events, the hope which underlies this effort, is that physicians will never lose an instant in endeavoring to cure gonorrhœa quickly.

I trust that my hearers will test the method herein suggested. Others will follow, as success always has followers.

Then great advance will be made in the treatment of gonorrhœa, whose injury to the individual, whose wide-extending influence can hardly be grasped, save by those who give it merited study.

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